

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(use as many sheets as necessary)

COMPLETE IF KNOWN**Application Number**

10/552931

Filing Date**First Named Inventor**

Myra Gilligan, et al

Group Art Unit

Examiner Name

Sheet

1

of

2

Attorney Docket Number

T1629YP

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner
Signature**

/David O Dell/

Date Considered

10/01/2007

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN	
				Application Number	10/552931
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				First Named Inventor	Myra Gilligan, et al
				Group Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	TI629YP

[illegible]

Examiner Signature	/David O Dell/	Date Considered	10/01/2007
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SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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